



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
P.O. Box 45010, Olympia, Washington 98504-5010

March 28, 2008

Richard Klarberg
President and CEO
Council On Accreditation
120 Wall Street, 11th Floor
New York, NY 10005

Dear Mr. Klarberg,

This letter outlines our plans for moving forward on the items identified in your letter of March 6, 2008.

We still await your answers to several of the key questions we raised in our letter of February 15. Each of the standards cited in your letter of March 6 are third order, non-mandatory standards. COA's own materials (e.g. COA's Initial Peer Reviewer Training Manual, page 45) consistently describe that:

*"All organizations must be in compliance with COA's weighted standards in order to be accredited. There are two types of weighted standards, **mandatory** and **critical**.*

- All organizations must be in full or substantial compliance with ALL mandatory standards.*
- Organizations must be in full or substantial compliance with almost all of the critical standards.*
- Organizations must be in full or substantial compliance with at least 85% of all Third Order Standards."*

However, COA seems to have adopted a new approach, which is unique to our organization and requires us to be in full compliance with several Third Order Standards which are, by COA's definition, neither mandatory, nor critical. We remain confused by this decision. We are also confused by COA's decision to place a "hold" on our accreditation process, and to place such unique importance upon these particular Third Order Standards, when our headquarters office and 44 of 47 field offices have already been confirmed as meeting COA standards.

#1) Comprehensive Family Assessments

The relevant COA standard concerning Family Assessments is G8.2.02. This is a Third Order Standard, and is by COA's definition neither Mandatory nor Critical.

Current Status

As discussed in our letter of February 15, 21 of our 22 field offices reviewed over the past two years were rated by COA as being in compliance with this standard (G8.2.02). The table below shows COA ratings on this standard for our offices, from 2003 through 2007. These ratings show:

- a) Significant improvement over the past several years, and

- b) Over 95% of our offices reviewed during 2006 and 2007 were rated by COA as being in compliance with the standard.

Year	# Offices Reviewed by COA	# Offices rated out of compliance on G8.2.02
2003	8	5
2004	12	6
2005	3	1
2006	10	1
2007	12	0

Additional Improvements

As we continue to make systemic improvements to our practice, we are implementing two major initiatives in the next year. We are adopting a new Practice Model, to help us operationalize the principles of Solution Based Casework, as developed by Dana Christensen et al. Our Practice Model incorporates several newly developed assessment and service planning tools. Among these is a new Comprehensive Family Assessment. We have hired and trained Practice Model Coaches who will work directly with social work staff in each field office, to help integrate the philosophy and tools of the new Practice Model. Implementation of the new Practice Model has begun with training for supervisors. Training on this tool is set to begin later this year.

Concurrently, we are in the development phase and set to implement a new State Administered Child Welfare Information System. Our new information system is called "FamLink" and represents a major improvement to our electronic information system. Among other benefits, FamLink will bring the new social work tools (such as the new Comprehensive Family Assessment) to the computer desktop of each social worker in our system.

Summary concerning Comprehensive Family Assessments:

As discussed in our letter of February 15, we believe we have already demonstrated full compliance with COA standards concerning Comprehensive Family Assessment. Additionally, we are actively working to even further improve our family assessment procedures through implementation of our new Practice Model, and our new State Administered Child Welfare Information System. Absent any clarifying information from COA, it is unclear why COA believes this is an area of concern for our organization, or what further information COA is requesting of us in this regard.

#2) Caseload Size:

As noted in our letter of February 15, each of the COA standards related to caseload size are, by COA's own definition, Third Order Standards which are neither Mandatory nor Critical. Even further, the Second Order Standard which these caseloads standards are a subset of (i.e. Human Resources) is neither Mandatory nor Critical.

Reducing caseload size is a key goal for our organization. We have a demonstrated history of commitment to this effort. We also have a track record of making substantial progress in this area.

Current Status

As information previously submitted to COA shows, we have substantially reduced caseloads over the past ten years. These significant reductions were achieved over a period which saw an increase in both the

number of referrals coming into our system and an increase in our overall number of children in out-of-home care. As of January 2008, our statewide average is 20.9 cases per worker.

Our Governor has demonstrated a strong commitment to providing resources for Children's Administration's work with vulnerable children and families. Over the past four years, over 460 new social worker positions (FTE's) have been provided to Children's Administration. The new FTE's will also help us continue our efforts towards ensuring monthly visits for all children in out-of-home care (as discussed further below).

The 2008 Legislative session ended two weeks ago (March 13). We are pleased to report that the upcoming year's budget includes additional support for Children's Administration to accelerate the hiring of an additional 51 social workers, and bring these workers on board by May, 2008.

Summary regarding Caseload Size:

Children's Administration has a demonstrated history of effectively reducing caseloads over the past ten years. The state budget for fiscal year 2009 supports further reduction in both caseload and workload for our staff. In the future, Children's Administration will continue the effort to further reduce caseload levels.

As explained in our letter of February 15, as a public child welfare agency, we control neither the number of referrals coming into our system, nor the number of workers we have to do the work. We are required to accept all cases which meet the legal requirements for our services. The number of workers in our system is determined by our Legislature, in partnership with our Governor. Within these constraints, Children's Administration continues to work towards reduction of caseloads for our staff.

#3) Supervisor Credentials:

As noted in our letter of February 15, each of the COA standards related to supervisor credentials are, by COA's own definition, Third Order Standards which are neither Mandatory nor Critical. Even further, the Second Order Standard which these caseloads standards are a subset of (i.e Human Resources) is neither Mandatory nor Critical. We also would like to point out that other state administered child welfare systems have achieved COA accreditation with similar, or less rigorous, requirements for supervisor credentials (e.g. Kentucky).

Children's Administration values having well trained supervisors who can provide sound judgment and effective leadership. One criteria we consider in our hiring decisions for front line supervisors is whether or not they possess an advanced degree in social work or a closely related field. Also considered are the depth of the applicant's experience as a practicing social worker; the applicant's demonstrated leadership ability; and other factors.

We are committed to growing the pool of well qualified candidates for supervisory positions. Over the past fifteen years, over 500 of our staff have utilized the Child Welfare Training and Advancement Program to obtain their MSW. Forty six percent of our supervisory staff currently hold MSW's or related advanced degrees. We provide specialized training for staff interested in pursuing supervisory positions within our organization. We also provide ongoing specialized training for our supervisors through our Supervisor Academy, which offers training on topics of particular interest identified by active supervisors.

As Children's Administration goes forward we will continue to grow the pool of qualified applicants for future hiring of social work supervisors.

#4) Monthly Visits:

As noted in our letter of February 15, the COA standards related to monthly visits are, by COA's own definition, Third Order Standards which are neither Mandatory nor Critical.

In our letter of February 15, we described that our plan was to require monthly visits for all children in care as of September 1, 2008, provided that the Legislature approve funding for FTE's to support our implementation of this requirement. As mentioned above, our state's 2008 Legislative session ended March 13, and we have received notice that the state budget includes accelerating the hiring of social worker FTE's.

Consequently, as of September 1, 2008, CA's new policy will go into effect, requiring monthly visits with children, with the additional requirement that the majority of visits are to occur within the child's home. Our current policy regarding monthly visits will be updated to remove the "phasing in" of monthly visits, and clearly state the new requirement that children in care be visited monthly, effective September 1.

Conclusion

We continue to await COA's answers to the questions we raised in our letter of February 15. Our staff have contributed a great deal of effort towards achieving statewide COA Accreditation. If you would like a face to face meeting, we remain willing to participate in efforts reach resolution on these issues. We look forward to hearing from you.

Sincerely,



Cheryl Stephani, Assistant Secretary
Children's Administration

cc: Christine O. Gregoire, Governor
Robin Arnold-Williams, Secretary, Department of Social and Health Services
Steve Hassett, Senior Counsel, Office of the Attorney General
Timothy Hunter, Accreditation Program Manager, Children's Administration

Enclosure

4420. Social Worker Visits

The purpose of social worker visits is to provide ongoing assessment of the health, safety, permanency and well-being of children and involve the child, parent/s and caregiver in decisions that affect their lives including the development of the case plan. Social worker visits with children must be face-to-face and are Health and Safety visits.

A. Monthly Social Worker Visits with Children in their Own Home

1. Types of Cases - The assigned CA social worker must make monthly face to face visits with children in their own home when the case meets the following criteria:
 - a. An in-home dependency case, including dependent children who return home on a trial home visit or remain home under the jurisdiction of the court until dismissal of the dependency.
 - b. Courtesy Supervision (see Courtesy Supervision in the Practices and Procedures Guide 4430) is requested for an in-home dependency case.
 - c. Interstate Compact on Placement of Children (ICPC) cases.
When an interstate compact agreement is made with another state to provide services, the social worker will request in the application that the receiving state conduct monthly face to face social worker visits on all cases.

Note: The CA Social Worker must document any completion by the receiving state of the monthly visits in the Service Episode Records (SER's).
2. Exceptions to policy for visits with dependent children in their own home- Exclusive Tribal jurisdiction cases (the policy does not apply because the child is not in the Department's custody).
3. Timeframes for social worker face to face visits with dependent children in their own home.
 - a. **0-5 years of age**
 - i. Visits within the **first 120 calendar days** of an established in-home dependency - CA is required to make two in-home visits a month with children ages birth through five years of age for the first 120 days of in-home placement. One of the two visits may be conducted by a CA paraprofessional, contracted provider or non-contracted professional.

- ii. Visits after the first 120 calendar days of an established in-home dependency - The CA social worker is required to make monthly visits (not to exceed 40 days between each visit) with children ages birth through five years of age after the first 120 days of an in-home placement.
 - iii. **6-18 years of age** - Monthly visits (not to exceed 40 days between each visit) with in-home dependent children ages six through 18 years of age.
- 4. Location of visit
 - a. Social worker visits with the child must be conducted in the home where the child resides.
- 5. Participants in visits
 - a. Child
 - b. Parent/Caregiver
- 6. Content requirements of visit with the child include, but are not limited to:
 - a. Observation of the child, including:
 - i. How the child appears developmentally, physically and emotionally.
 - ii. How the parent/caregiver and the child respond to each other.
 - b. Discussion with the verbal child(ren) in private, separate from the parent/caregiver, either in the home or in another location where the child is comfortable.
 - c. Observation of the home environment.
 - d. Social workers must provide each child capable of reading, writing and using the telephone a card with the social worker's name, office address, and phone number.
- 7. After the visit with the child the social worker:
 - a. May make collateral contacts to inquire of others involved in the child's life to update case plans and identify any further needs. For example, contacts might include teachers, doctors, mental health professionals, or the GAL (if dependency case).
 - b. Should discuss with his/her supervisor any concerns of a serious nature.

8. Coordination with the Tribes when there is not Tribal jurisdiction
 - a. The social worker must contact the affiliated Tribe to discuss and plan how to involve the Tribe in monthly visits.
 - b. Contact or attempted contact should be documented in the case record.

B. Social Worker Visits with Children in Out-of-Home Care

(See phase in chart below (8) for the scheduled phase-in of out of home populations required to receive monthly visit)

1. The **assigned** CA social worker must make *face to face visits* with children in out-of-home placements:
 - a. Within the first week of placement and,
 - b. Ongoing monthly visits thereafter, not to exceed 40 days between each visit.
2. Face to face visits are required on the following cases:
 - a. Cases in which a dependency petition has been filed or established and the court has ordered that the child reside in out-of-home placement (e.g. relative or licensed foster care).
 - b. Cases in which the child has been placed by Voluntary Placement Agreement (VPA).
 - c. Cases in which a Child in Need of Services (CHINS) petition has been filed and Children's Administration has placed the child in a licensed foster home or facility.
 - d. Courtesy Supervision Cases (for more information on Courtesy visits see the Practices and Procedures Guide 4430).
 - e. Interstate Compact on Placement of Children cases (ICPC) for children in the jurisdiction of other states placed in Washington.
3. Location of Visit
 - a. Social worker visit in the **first week** of placement must be **in the home where the child resides**.
 - b. The majority of the **monthly** visits are expected to occur in the child's residence. If visiting and observing the child in other locations, such as community, educational and therapeutic settings, documentation of the monthly visit will reflect the reason for the choice of location and benefit gained from the visit in that location.

4. Content requirements of visits with the child includes, but is not limited to:
 - a. Observation of the child including:
 - i. How the child appears developmentally, physically and emotionally
 - ii. How the caregiver and the child respond to each other.
 - b. Discussion with verbal child(ren) in private, separate from the caregiver, either in the home or in another location where the child is comfortable.
 - c. Observation of the home environment when the visit occurs in the child's residence.
 - d. Social workers must provide each child capable of reading, writing and using the telephone a card with the social worker's name, office address, and phone number.
5. After the visit with the child the social worker:
 - a. May make collateral contacts to inquire of others involved in the child's life to update case plans and identify any further needs. For example, contacts might include teachers, doctors, mental health professionals, or the GAL (if dependency case).
 - b. Will report in writing any concerns about a licensed placement provider to the licensing authority for the home or facility.
 - c. Should consult with his/her supervisor about any concerns of a serious nature.
6. Coordination with Tribes
 - a. The social worker must contact the affiliated Tribe to discuss and plan how to involve the Tribe in the face to face visit.
 - b. Contact or attempted contact is to be documented in the case record.
7. Exceptions to social worker monthly face to face visits with children in out of home placement:
 - a. Children in *Long-Term Care Agreements*. (DSHS 15-322) (A 90-day Health and Safety Visit is required in these cases).
 - b. Children in Dependency Guardianships whose permanent plan has been achieved through the dependency guardianship.

- c. Medicaid Personal Care/Developmental Disabilities cases open for payments only.
 - d. Exclusive Tribal jurisdiction cases (the policy does not apply because the child is not in the Department's custody).
8. Phase-in Plan Summary - Mandatory Monthly Social Worker Visits (not to exceed 40 days) with Children in Out-Of-Home Care

Phase	Population	Number of Children in Population	Training and Preparation for implementation	Policy effective
Phase I	Ages birth to 5 years in out-of-home, unlicensed relative placement	1,812	February-March 2007	April 2007
Phase II	Ages 6-18 yrs in out-of-home, unlicensed relative placement	1,597	August-September 2007	October 2007
Phase III	Ages birth to 5 yrs in foster care placement	2,362	February-March 2007	April 2008
Phase IV	Ages 6-18 yrs in foster care placement	2,856	May-June 2008	July 2008

C. Social Worker Visits with Caregiver(s)

(See phase in chart above (8) for the scheduled phase-in of out of home populations required to receive monthly visit)

The assigned CA social worker visit with the caregiver(s) of the child is expected to be coordinated with the social worker visit with the child.

1. Timeframes - Monthly face-to-face visits with the caregiver not to exceed 40 days between each visit.
2. Location - The location of the monthly visit with the caregiver may vary.

3. Content requirements of the visit with the caregiver includes, but is not limited to:
 - a. Discussion with the caregiver regarding child well-being and permanency goals
 - b. Observation of the child and caregiver relationship and home environment when a visit occurs in the caregiver's home
 - c. Assessment of the caregiver's ability to provide adequate care and identification of any support and/or training needs.

D. Documentation Of Monthly Social Worker Visits

When documenting monthly visits the social worker will:

1. For visits with children in their own home, document in the service episode record (SER) all monthly social worker visits (or attempted contacts for the visits) using the following codes:
 - a. 30 day visit with child (attempted)
 - b. 30 day visit with child (CA social worker)
2. Document when one of the two monthly visits for an in-home dependency case is completed by a contracted professional provider or private agency case manager using the code 30 day visit with child (conducted by other agency).
3. For visits with children in out of home care, document in the service episode record (SER) all monthly social worker visits (or attempted contacts for the visits) using the following codes:
 - a. Health and Safety Visit with child (attempted)
 - b. Health and Safety Monitoring Visit (CA social worker)
4. For visits with caregivers, document in the service episode record (SER) all monthly social worker visits using the following codes:
 - a. Contact-Care Provider or Facility Provider Contact or
 - b. Relative Contact, as appropriate.
5. Each service episode record entry for this activity must be prefaced with the phrase "**Monthly Social Worker Visit**" to allow for consistency in documentation.
6. For any monthly social worker visits with the child conducted outside the home or placement in which the child resides, document in the SER the reason for the choice and benefit gained from the visit in that location.
7. Document the content of the monthly visit in the SER.

E. **90 Day Health and Safety Monitoring Visits (*For long term agreements only*)**

1. For children in *Long-Term Care Agreements*. (DSHS 15-322) the CA social worker or private agency social worker providing case management services must provide face to face visits once every 90 days.
2. Content requirements of visits with the child includes, but is not limited to:
 - a. Observation of the child including:
 - i. How the child appears developmentally, physically and emotionally
 - ii. How the caregiver and the child respond to each other.
 - b. Discussion with verbal child(ren) in private, separate from the caregiver, either in the home or in another location where the child is comfortable.
 - c. Observation of the home environment when the visit occurs in the child's residence.
 - d. Social workers must provide each child capable of reading, writing and using the telephone a card with the social worker's name, office address, and phone number.
3. After the visit with the child the social worker:
 - a. May make collateral contacts to inquire of others involved in the child's life to update case plans and identify any further needs. For example, contacts might include teachers, doctors, mental health professionals, or the GAL (if dependency case).
 - b. Will report in writing any concerns about a licensed placement provider to the licensing authority for the home or facility.
 - c. Should consult with his/her supervisor about any concerns of a serious nature.

F. **Documentation of 90 day Health and Safety visits**

When documenting 90 day Health and Safety Monitoring Visits

1. Document in the service episode record (SER) all 90 day Health and Safety visits (or attempted contacts for the visits) using the following codes:
 - a. Health and Safety visit with child (attempted)
 - b. Health and Safety visit with child (CA social worker)
2. Document the **content** of the 90 day visit in the SER.